

Attached is a City of Scottsdale Transaction Privilege (Sales) and Use Tax License Application. Please complete the application and return it with a check for the non-refundable \$12 application fee and non-refundable applicable license fee listed below. The Tax & Licensing office must receive the application and all fees before you start business. If you are submitting an application and/or paying fees after the business start date indicated on the application, then you must pay the delinquent license fee amount listed below.

Send to: City of Scottsdale Tax and Licensing Registration P.O. Box 1586 Scottsdale, AZ 85252-1586

GENERAL ANNUAL LICENSE FEES

Business Start Date	License Fee If submitted prior to business start date	Delinquent License Fee If submitted after business start date				
Jan. 1 st – Mar. 31 st	\$50.00	\$75.00				
Apr. 1 st – June 30 th	\$37.50	\$56.25				
July 1 st – Sept. 30 th	\$25.00	\$37.50				
Oct. 1^{st} – Dec. 31^{st}	\$12.50	\$18.75				

LICENSE FEES FOR RENTAL OF RESIDENTIAL REAL PROPERTY

Business Start Date	License Fee Per Unit If submitted prior to business start date	Delinquent License Fee If submitted after business start date
Jan. 1 st – Mar. 31 st	\$2.00 per unit, not to exceed \$50.00	\$3.00 per unit not to exceed \$75.00
Apr. 1 st – June 30 th	\$1.50 per unit, not to exceed \$37.50	\$2.25 per unit, not to exceed \$56.25
July 1 st – Sept. 30 th	\$1.00 per unit, not to exceed \$25.00	\$1.50 per unit, not to exceed \$37.50
Oct. 1 st – Dec. 31 st	\$.50 per unit, not to exceed \$12.50	\$.75 per unit, not to exceed \$18.75

TRANSACTION PRIVILEGE (SALES) TAX or BUSINESS, OCCUPATIONAL AND PROFESSIONAL LICENSE APPLICATION

If applicable, make checks payable to: City of Scottsdale

Mail to: PO BOX 1586 Scottsdale, AZ 85252-1586



Customer Service Office Location: PC 1063
7447 E. Indian School Rd., Suite 110
PC 1063

PC 1063 BOP	∐ In
☐ PC 1064 STX	☐ In ☐ Out

SECTION I. Business Information												
			Annual License [Temporary License [Update Insurance Only	Name Change Only, Date Changed Location Change, Date Changed						
Date business start	ed in Scottsd	ale	Former Owner (if app	licable)			Current City License #	ŧ	Previous	City License	#	For Office Use Only
Doing Business As (DBA), Name on Signage, Name known to the public						App. Fee						
Street #	Direction	Street Name Type Suite/Apt # (List physical address, do not enter a Mail box type of address)					License #					
City	State Zip Code + 4 (Area Code) Business Telephone #						SIC Code					
Fax#			E-Mail Address (If A	If Available)			State Sales Tax #	1	Federal ID #	Federal ID#		Filing Freq.
SECTION II. Add	itional Busi	ness Inform	nation, Mailing a	nd Telephon	e Numb	er						Account #
Legal Business Name	of Entity or Indiv	idual Name										
Street #	Direction		Street Name				Туре		Suite/Apt #			Initials
City				State			Zip Code + 4	(Area Code)	Other Busine	ss Telephone	#	Comments
SECTION III. Bus	siness Own	ership & Re	cord Location	I								
Ownership:	dividual	LLC 🗆 C	orp State Inc. # _		□Pai	rtnership	Ltd. Partnersh	ip 🗌 Othe	er			
Owners,	Name	•				Title		Driver's Lice	nse #			
Partners, LLC Members, or	Home Addres	SS					Social Security #					
Officers	City			State	State ZIP Cod		e + 4	4 (Area Code)		Telephone #		
	Name			Title			Driver's Lice		ise#			
(For Additional	Home Addres	SS				Social Sec		urity #				
Names, Please Attach List)	City		State	State ZIP Co		e + 4	(Area Code) Telephone #					
Corporate or LLC Name Statutory Agent			<u> </u>		Title	Phone #						
Address							<u>'</u>					
Location where business records are kept, if different from business location		City			State	zIP Code + 4			(Area Code) Telephone #		!	
SECTION	IV	Accounting	Method Used:	Cash Receipt	☐ Acc	rual			1			
Business Type		<u> </u>				Restaurant Other	/Bar					
Describe Nature of Business # of Employees Contractors in					actors #							
SECTION V. Business Premises Status												
Is this your residence? Yes No Do you own your business location? Yes No If yes, complete the reverse side of application If you do not own your business location, complete Landlord/Property Manager information below.												
Landlord/Property Manager Name Address City State Zip Code + 4						4						
(Area Code) Telephone # Do you rent a portion of the business premises to another entity? Yes No												
I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the City of Scottsdale. Incomplete applications may not be processed.												
Print Name(s)			Signa	ature(s)					Title(s)			Date
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If your business is in a residential district (Home Based Business in Scottsdale), please complete the questionnaire below:

Home Business Questionnaire

Home occupations, as defined under Sec. 3.100 of the Scottsdale Revised Code, are uses permitted but must meet guidelines limiting the impact of uses in residential districts. The following questionnaire will be used by the City of Scottsdale to determine if your request for a home occupation exception fits within the guidelines of a residential zoning district.

Please answer all the following questions in regard to your home based business with a check mark in the "yes" or "no" box supplied:

1.	Yes 🗌	No 🗌	Will this business be the main use to live here)	the residence? (people will not				
2.	Yes 🗌	No 🗌	Will employees come to the home? (other than people that live in the home)					
3.	Yes 🗌	No 🗌	Do you plan on using your garage or carport for storage? (may only use a bedroom or alternate room inside the home)					
4.	Yes	No 🗌	Will a service or commodity be sold that invites customers to your home?					
5.	Yes 🗌	No 🗌	Will commercial type vehicles be kept at this residence for business use?					
6.	Yes	No 🗌	Are you operating any mechanical equipment at your residence that is not normally used for domestic, hobby, standard office or household purposes? Such as; welding, metal working, wood assembling					
7.	Yes	No 🗌	Will this business generate pedestrial	n or vehicular traffic?				
	•	e statements	s made on this questionnaire are true a	and complete to the best of my				
KHOW	ledge.			Office Use Only				
		Owner / Applic	ant					
	Date							